

Application No.: 10/540,660

Docket No.: 17114/007001

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. 17114/007001, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 2, 2005

Signature:

*Sophie M. Bolt*  
(Sophie M. Bolt)

Docket No.: 17114/007001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Istvan Bencze et al.

Application No.: 10/540,660

Confirmation No.: 2901

Filed: June 23, 2005

Art Unit: N/A

For: METHOD AND SYSTEM FOR  
CONDENSATION OF UNPROCESSED WELL  
STREAM FROM OFFSHORE GAS OR GAS  
CONDENSATE FIELD

Examiner: Not Yet Assigned

**RESPONSE TO NOTICE TO FILE MISSING REQUIREMENTS**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Requirements – Filing Date Granted mailed October 3, 2005, Applicant respectfully submits a Combined Declaration and Power of Attorney, the Filing Fee for the Application (as shown on accompanying Fee Transmittal), and a copy of the Notice.

Please charge our Credit Card in the amount of \$565.00 covering the fee set forth in 37 CFR 1.16(f), 1.16(a)(1), 1.16(k), and 1.16(o). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed.

Application No.: 10/540,660

Docket No.: 17114/007001

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 17114/007001.

Dated: December 2, 2005

Respectfully submitted,

By 

Jonathan P. Osha  
Registration No.: 33,986  
OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600  
(713) 228-8778 (Fax)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>PIPE</b> Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> For FY 2005 DEC 02 2005 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	<b>Complete if Known</b>	
	Application Number	10/540,660-Conf. #2901
	Filing Date	June 23, 2005
	First Named Inventor	Istvan Bencze
	Examiner Name	Not Yet Assigned
Art Unit	N/A	
TOTAL AMOUNT OF PAYMENT	(\$)	565.00
Attorney Docket No.	17114/007001	

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	500.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description		Small Entity Fee (\$)
Each claim over 20 (including Reissues)		505 25
Each independent claim over 3 (including Reissues)		200 100
Multiple dependent claims		360 180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
11	- 20 = 0	x 25 = -0-
		<u>Fee Paid (\$)</u>
		-0-
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>
1	- 3 = 0	x 100 = -0-
		<u>Fee Paid (\$)</u>
		-0-

**3. APPLICATION SIZE FEE**

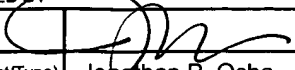
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
13	- 100 = 0	/50 0 (round up to a whole number) x	125.00	-0-

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2051 Surcharge-Late filing fee	65.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha	Date	December 2, 2005		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. 17114/007001, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 2, 2005

Signature:  (Sophie M. Bolt)



12/05/05

IAP10 Rec'd PCT/PTO 02 DEC 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	10/540,660-Conf. #2901
		Filing Date	June 23, 2005
		First Named Inventor	Istvan Bencze
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	17114/007001

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):  Combined Declaration and Power of Attorney (5 pages) Copy of Notice (2 pages) Credit Card Payment Form (PTO-2038) (1 page) Return Receipt Postcard
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	OSHA · LIANG LLP		
Signature			
Printed name	Jonathan P. Osha		
Date	December 2, 2005	Reg. No.	33,986

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. 17114/007001, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 2, 2005

Signature:

(Sophie M. Bolt)